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Surgery for Obesity and Related Diseases ■ (2021) 1–2

SURGERY FOR OBESITY AND RELATED DISEASES

Letter to the Editor

Comment on: Bariatric surgery in patients with previous COVID-19 infection

We read with great interest the interesting and timely paper by Nedelcu et al. [1]. Although we share the authors' conclusions, a 4-week interval between a coronavirus disease 2019 (COVID-19) infection and bariatric surgery is probably not safe. Herein, we report 2 cases of unexpected and asymptomatic pulmonary abnormalities discovered during the preoperative assessment of patients with recent infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The first patient was a female aged 44 years with a body mass index (BMI) of 47.7 kg/m^2 with laparoscopic adjustable gastric band scheduled for removal and conversion to 1-anastomosis gastric bypass/mini gastric bypass (OAGB/MGB). Unfortunately, the patient was diagnosed with a COVID-19 infection and the intervention had to be cancelled. She did not develop severe clinical symptoms (only mild fever and cough) and did not start any therapy. A nasopharyngeal swab tested negative after 10 days and she was rescheduled for surgery after an interval of 2 months. A preoperative chest computed tomography (CT) angiography (Fig. 1) showed sequelae of bilateral pneumonia with ground glass opacities; a CT with ventilation/perfusion scintigraphy demonstrated multiple areas of hypoperfusion bilaterally (Fig. 2) with signs of thromboembolism.

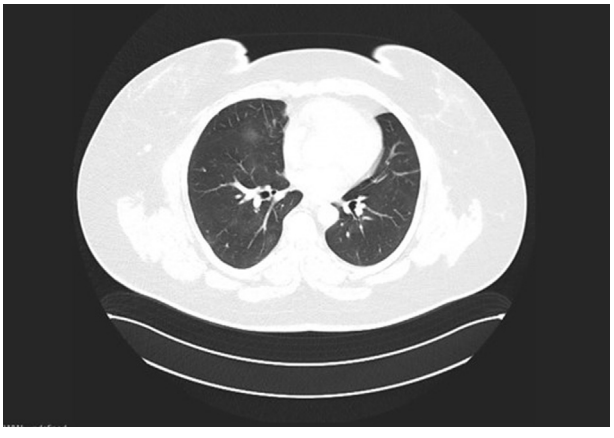

Fig. 1. Preoperative chest computed tomography angiography of patient number 1.

The second case was a male patient aged 46 years with a BMI of 60.8 kg/m^2 scheduled for an OAGB/MGB. The patient had a COVID-19 infection 3 months before the planned surgery, with bilateral pneumonia requiring oxygen therapy and azithromycin by mouth. However, admission to a hospital was not required. Symptoms resolved in 10 days and a nasopharyngeal swab tested negative after 20 days. The subject was rescheduled for surgery at 3 months after complete recovery, but a preoperative chest CT showed residual bilateral abnormalities.

Even if 30-day morbidity and mortality rates following bariatric surgery did not change during the COVID-19 epidemic [2], asymptomatic patients may present focal unilateral or diffuse bilateral opacities that progress within 1–3 weeks.

Patients with a recent history of symptomatic or asymptomatic COVID-19 infection that are scheduled for bariatric surgery should undergo a full preoperative pulmonary evaluation with chest CT angiography [3]. Adequate therapy with low–molecular weight heparin is recommended to avoid risks of intraoperative desaturation and postoperative thromboembolism.

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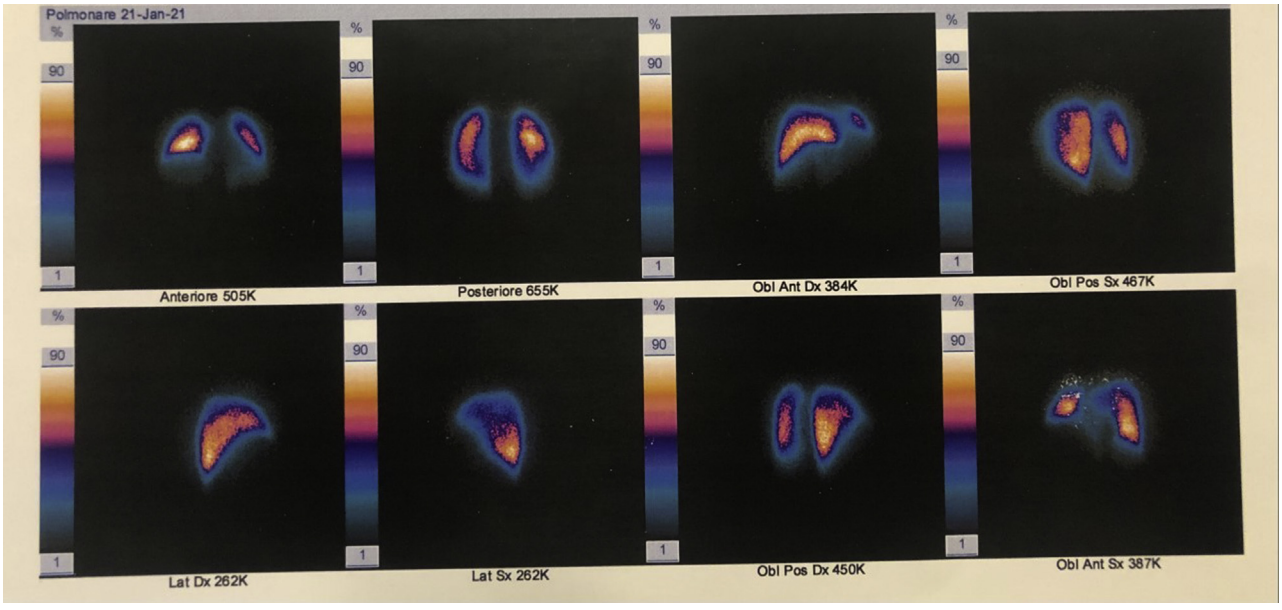

Fig. 2. Preoperative computed tomography with ventilation/perfusion scintigraphy of patient number 1.

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https://doi.org/10.1016/j.soard.2021.05.033